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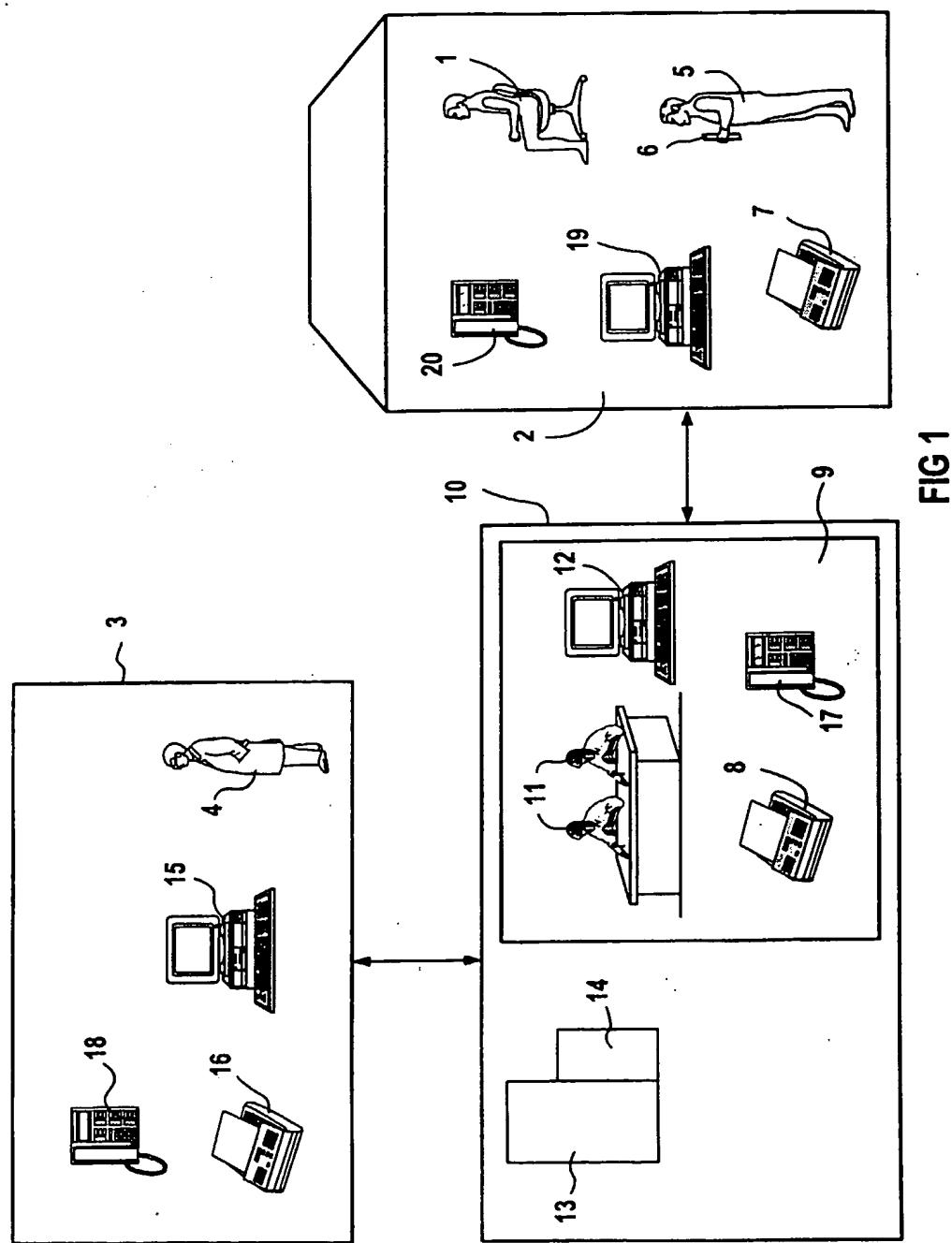


FIG 1

Questionnaire for the patient 1		
<u>General condition</u>		
Physical capabilities	<input type="checkbox"/> good <input type="checkbox"/> moderate <input type="checkbox"/> poor	
Appetite	<input type="checkbox"/> good <input type="checkbox"/> moderate <input type="checkbox"/> poor	
Temperature	_____ °C	
Bowel movement	<input type="checkbox"/> unremarkable	<input type="checkbox"/> remarkable
Pulse	_____	
Blood pressure	_____	
Blood sugar	_____	
<u>Lung complications</u>		
Coughing	<input type="checkbox"/> good <input type="checkbox"/> moderate <input type="checkbox"/> poor	
Expectoration	<input type="checkbox"/> good <input type="checkbox"/> moderate <input type="checkbox"/> poor	
Respiration rate	_____ Hz	
Date:	_____	

FIG 2